



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1/1/09 to 4/19/09

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

4. Candidate Last Name

First Name

M.I.

white

Brian

M.

4a. Office Sought Including District # or Community Served (If applicable)

Board of Education - WCS

4b. County of Residence

macomb

5. Committee's Mailing Address

2187 Koper Dr.
Sterling Heights, MI
48310

Area Code and Phone 586-795-8540

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Brian White
2187 Koper Dr.
Sterling Heights, MI
48310

Area Code & Phone 586-795-8540

7. Treasurer's Business Address

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General
☐ Convention ☒ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper Brian White
Type or Print Name

Brian White
Signature

Date

5-25-09

Candidate

Brian White
Type or Print Name

Brian White
Signature

Date

5-25-09



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>David Luedtke</u> <u>36728 Samoa</u> <u>Sterling Heights, MI 48312</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-22-09</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Johathan Fielbrandt</u> <u>5929 misty Hill Court</u> <u>Clarkston, MI 48346</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-22-09</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Robert Boccomino</u> <u>27882 Los Olas</u> <u>Warren, MI 48093</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-25-09</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Independent Michigan Political Action Council of Teachers</u> <u>12434 Twelve mile Road</u> <u>Warren, MI 48093</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>3-27-09</u>	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1,100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137569
2. Committee Name CTE Brian White

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sawiecki and Sons, Inc.</u> Address <u>1521 W. Lafayette Blvd.</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lawn Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-9-09</u> Date	<u>\$ 503.50</u>
Expenditure #2 Name <u>Warren Post Office</u> Address <u>Warren, Michigan</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Postage-Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/09</u> Date	<u>\$ 329.60</u>
Expenditure #3 Name <u>VFW Post 9021</u> Address <u>Ryan Road</u> <u>Warren, Michigan</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Hall Rental-Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/9/09</u> Date	<u>\$ 115.00</u>
Expenditure #4 Name <u>Office Max</u> Address <u>26475 Hoover</u> <u>Warren, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes-Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/09</u> Date	<u>\$ 106.95</u>
Expenditure #5 Name <u>Office Depot</u> Address <u>Warren, MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Labels and Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/09</u> Date	<u>\$ 17.24</u>

Subtotal this page

1,072.29

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page